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APPENDIX G

WELL PERMITS FOR MW-10 AND MW-11



New Jersey Department of Environmental Protection  
Bureau of Water Allocation  
**MONITORING WELL RECORD**

Well Permit No. 27 14960  
Atlas Sheet Coordinates 27 34 675

OWNER IDENTIFICATION - Owner OCCIDENTAL CHEMICAL CORP.  
Address 1804 RIVER RD.  
City BURLINGTON State NJ Zip Code 08016

WELL LOCATION - If not the same as owner please give address. Owner's Well No. MLUID  
County BURLINGTON Municipality BURLINGTON TWP Lot No. 12-YB Block No. 154  
Address 1804 RIVER RD.

TYPE OF WELL (as per Well Permit Categories) MONITORING DATE WELL STARTED 12/22/98  
Regulatory Program Requiring Well ISRA SITE DATE WELL COMPLETED 12/22/98  
Case I.D.# 98439

CONSULTING FIRM/FIELD SUPERVISOR (if applicable) CRA-Klaus Tele. # 519 884 051  
Scmidt & RC

**WELL CONSTRUCTION**

Total depth drilled 30 ft.  
Well finished to 29 ft.

Borehole diameter: 8 in.  
Top 8 in.  
Bottom 8 in.

Well was finished: ☒ above grade  
☐ flush mounted

If finished above grade, casing height (stick up) above land surface 2 ft.

Was steel protective casing installed?  
☒ Yes ☐ No

Static water level after drilling 8 ft.

Water level was measured using tape

Well was developed for 12 hours  
at 2 gpm

Method of development subpump

Was permanent pumping equipment installed? ☐ Yes ☒ No

Pump capacity NA gpm

Pump type: NA

Drilling Fluid NA Type of Rig C7250

Health and Safety Plan submitted? ☒ Yes ☐ No

Level of Protection used on site (circle one) None (D) C B A

I certify that I have constructed the above referenced well in  
accordance with all well permit requirements and applicable

State rules and regulations. INC.

Drilling Company

Well Driller (Print) Tom Brown

Driller's Signature [Signature]

Registration No. 1311 Date 1/19/99

Note: Measure all depths from land surface	Depth to Top (ft.)	Depth to Bottom (ft.)	Diameter (inches)	Material	Wgt./Rating (lbs/sch no.)
Single/Inner Casing	<u>+2</u>	<u>9</u>	<u>2</u>	<u>Stainless Steel</u>	<u>301</u>
Middle Casing (for triple cased wells only)	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
Outer Casing (largest diameter)	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
Open Hole or Screen (No. Used <u>020</u> )	<u>9</u>	<u>29</u>	<u>2</u>	<u>Stainless Steel</u>	<u>301</u>
Blank Casings (No. Used )	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
Tail Piece	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
Gravel Pack	<u>7</u>	<u>30</u>	<u>8</u>	<u>Sand</u>	<u>2 mm</u>
Grout	<u>50</u>	<u>75</u>	<u>8</u>	<u>Neat Cement Bentonite</u>	<u>188 lbs. 50 lbs.</u>

Grouting Method gravity displacement  
Drilling Method hollow stem auger

**GEOLOGIC LOG**

Note each depth where water was encountered in consolidated formations.

0-10' mic sand & gravel  
10-29' fine sand + silt  
29-30' clay

New Jersey Department of Environmental Protection  
Bureau of Water Allocation  
**MONITORING WELL RECORD**

Well Permit No. 27 14961

Atlas Sheet Coordinates 27 34 675

OWNER IDENTIFICATION - Owner OCCIDENTAL CHEMICAL CORP.

Address 1804 RIVER RD.  
City BURLINGTON State NJ Zip Code 08016

WELL LOCATION - If not the same as owner please give address. Owner's Well No. MW11  
County BURLINGTON Municipality BURLINGTON TWP Lot No. 12-YB Block No. 154  
Address 1804 RIVER RD.

TYPE OF WELL (as per Well Permit Categories) MONITORING  
Regulatory Program Requiring Well ISRA SITE DATE WELL STARTED 12/22/98  
DATE WELL COMPLETED 12/22/98 Case I.D.# 98439

CONSULTING FIRM/FIELD SUPERVISOR (if applicable) CRA - KICUS Tele. # 51988405  
Schmidt + KC

**WELL CONSTRUCTION**

Total depth drilled 30 ft.  
Well finished to 29 ft.

Borehole diameter: 8 in.  
Top 8 in.  
Bottom 8 in.

Well was finished: ☒ above grade  
☐ flush mounted

If finished above grade, casing height (stick up) above land surface 2 ft.

Was steel protective casing installed?  
☒ Yes ☐ No

Static water level after drilling 8 ft.

Water level was measured using tape

Well was developed for 1/2 hours  
at 2 gpm

Note: Measure all depths from land surface	Depth to Top (ft.)	Depth to Bottom (ft.)	Diameter (inches)	Material	Wgt./Rating (lbs/sch no)
Single/Inner Casing	<u>12</u>	<u>9</u>	<u>2</u>	<u>STAINLESS STEEL</u>	<u>301</u>
Middle Casing (for triple cased wells only)	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
Outer Casing (largest diameter)	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
Open Hole or Screen (No. Used <u>020</u> )	<u>9</u>	<u>29</u>	<u>2</u>	<u>STAINLESS STEEL</u>	<u>301</u>
Blank Casings (No. Used <u>1</u> )	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
Tail Piece	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
Gravel Pack	<u>7</u>	<u>30</u>	<u>8</u>	<u>Sand</u>	<u>#2 mesh</u>
Grout	<u>5</u>	<u>7</u>	<u>8</u>	<u>Neat Cement Bentonite</u>	<u>188 lb. 50 lbs.</u>

Method of development Sub pump

Grouting Method grout displacement  
Drilling Method rotary mud

Was permanent pumping equipment installed? ☐ Yes ☒ No

Pump capacity NA gpm

Pump type: NA

Drilling Fluid NA Type of Rig CT250

Health and Safety Plan submitted? ☒ Yes ☐ No

Level of Protection used on site (circle one) None (D) C B A

I certify that I have constructed the above referenced well in accordance with all well permit requirements and applicable State rules and regulations.

Drilling Company ADT-MIDATLANTIC INC.

Well Driller (Print) Tom Brown

Driller's Signature [Signature]

Registration No. 1311 Date 1/19/99

**GEOLOGIC LOG**

Note each depth where water was encountered in consolidated formations.

0-10' MIC SAND + GRAVEL  
10-29' FINE SANDS SILT  
29-30' CLAY

STATE OF NEW JERSEY  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
TRENTON, NJ

Rec'd CRA

FEB 10 1999

Permit No. 06

NJDEP  
Bureau Water Allocation  
CN 426  
Trenton, NJ 08625-0426

## MONITORING WELL PERMIT

VALID ONLY AFTER APPROVAL BY THE D.E.P.

COORD #: 27.34.6

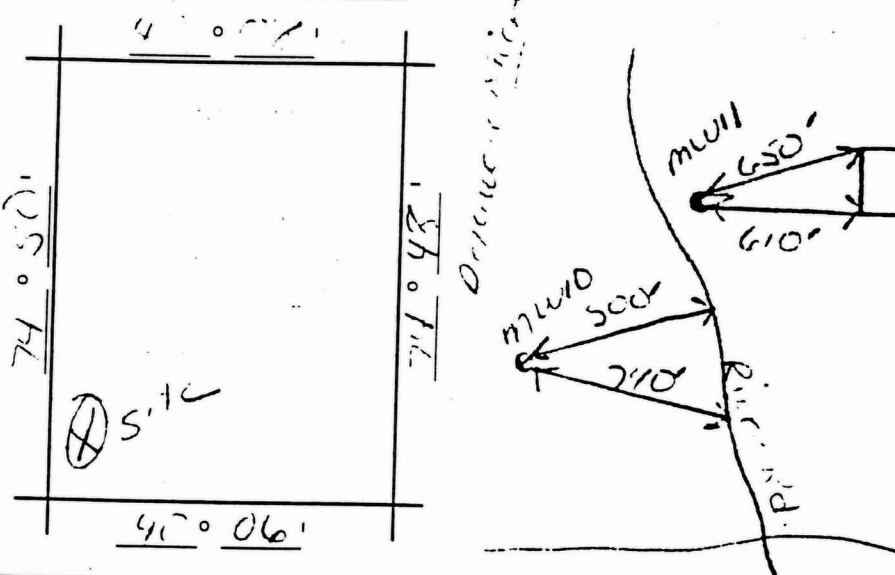
Owner CCOIDE HOLDING COMPANY CO. AAddress 1804 RIVER RD.BUFFINGTON, NEW JERSEYName of Facility CCOIDE HOLDING COMPANY CO. AAddress 1804 RIVER RD.BUFFINGTON, NEW JERSEYDriller ADT DRILLING CO. INC.Address 1006 KING ST. S.W.TAMPA, FLORIDA 33604

Diameter of Well(s) <u>2</u> Inches	Proposed Depth of Well(s) <u>10</u>
# of Wells Applied for (max. 10) <u>2</u>	Will pumping equipment be installed? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Type of Well (see reverse) <u>monitoring</u>	If Yes, give pump capacity <u>16</u> Cumulative

## LOCATION OF WELL(S)

Lot #	Block #	Municipality	County
<u>12-45</u>	<u>154</u>	<u>BUFFINGTON</u>	<u>BUFFINGTON</u>

Draw sketch of well(s) nearest roads, buildings, etc. with marked distances in feet. Each well MUST be labeled with a name and/or number on the sketch.

State Atlas Map No. 27

FOR MONITORING WELLS, RECOVERY WELLS, OR PIEZOMETERS, THE FOLLOWING MUST BE COMPLETED BY THE APPLICANT. PLEASE INDICATE WHY THE WELLS ARE BEING INSTALLED:

- ☐ Spill Site  
☒ ISRA Site  
☐ CERCLA (Superfund) Site  
☐ RCRA Site  
☐ Underground Storage Tank Site  
☐ Operational Ground Water Permit Site  
☐ Pretreatment and Residuals Site  
☐ Water and Hazardous Waste Enforcement Case  
☐ Water Supply Aquifer Test Observation Well  
☐ Other (explain) \_\_\_\_\_

CASE I.D. Number

93437

This Space for Approval Stamp

WELL PERMIT APPROVED  
N.J.D.E.P.

DEC 21 1998

BUREAU OF WATER ALLOCATION

FOR  
D.E.P.  
USE

- ☐ Issuance of this permit is subject to the conditions attached. (see next page)  
☒ For monitoring purposes only

The well(s) may not be completed with more than 25 feet of total screen or uncased borehole.

SEE REVERSE SIDE FOR IMPORTANT PROVISIONS AND REGULATIONS PERTAINING TO THIS PERMIT.

In compliance with N.J.S.A. 58:4A-14, application is made for a permit to drill a well as described above.

Date 12-17-98 Signature of Driller David P. P. P. Registration No. 111171Signature of Owner Michael P. P. P.

COPIES:

Water Allocation — White

Health Dept — Yellow

Owner — Blue

Driller — White

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